

STATEMENT FOR THE RECORD
OF
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
CONCERNING
“VA SPECIALIZED SERVICES: LOWER EXTREMITY CONDITIONS”

May 2, 2017

Chairman Wenstrup, Ranking Member Brownley, and members of the subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to offer our views on VA specialized services for lower extremity conditions. PVA represents the voice of approximately 60,000 veterans in the U.S. who live with paralysis of the lower extremities due to spinal cord trauma, multiple sclerosis, amyotrophic lateral sclerosis, and other dysfunctions. We are grateful to be part of this discussion.

Loss of lower extremity function related to the spinal cord often includes loss of other functions, such as genitourinary, digestive, and reproductive. It may also be accompanied by chronic nerve pain, muscle spasticity, muscle atrophy, and skin breakdown. For this reason, medical professionals who are trained in spinal cord injury medicine are best equipped to provide medical care for this population of mobility-impaired veterans. Paralyzed veterans are the largest cohort of veterans who rely on specialized services in VA and have the fewest alternative choices for care and long term institutionalization. The overwhelming majority of paralyzed veterans suffer lower extremity loss of use (exceptions include central spinal cord, which only affects the upper extremities, and some veterans with regressive MS). They rely on prosthetic devices such as wheelchairs, power chairs, power-assist chairs, patient lifts, auto adaptive equipment, home adaptive equipment, and other mobility solutions.

No one is more affected by provider shortages than those veterans with complex injuries who rely on VA to treat their specialized needs. Unfortunately, VA has not maintained its capacity to provide for the unique health care needs of severely disabled veterans—veterans with spinal cord injury/disorder, blindness, amputations, and mental illness—as mandated by P.L. 104-262, the “Veterans’ Health Care Eligibility Reform Act of 1996.” As a result of this law, VA developed policy that required the baseline of capacity for Spinal Cord Injury/Disease System of Care to be measured by the number of available beds and the number of full-time equivalent employees assigned to provide care. VA was also required to provide Congress with an annual “capacity” report to be reviewed by the Office of the Inspector General. This reporting requirement expired in 2008, and was reinstated in last year’s “Continuing Appropriations and Military Construction and Veterans Affairs Appropriations Act for FY 2017.” This report, a critical tool of oversight,

should be made available to Congress by September 30 of this year. However, we have serious concerns about VA's plan to re-implement this requirement.

Additionally, VA Prosthetics has been problematic for quite some time in a number of ways. The gap between policy, where the Prosthetics National Director resides, and operations, under which the facility prosthetics office operate, has created sweeping inconsistency in how prosthetics policy is implemented. Individual facilities are allowed to enact or interpret policies that make it difficult for some veterans with lower extremity impairment to get needed devices in a timely matter. Resolving local problems is difficult because the National Prosthetics Office has no authority over the field prosthetics office, who report to the respective VISN.

New prosthetics policies are being developed without the substantive input of external stakeholders. While stakeholders have been invited to participate in workgroups and on the Federal Advisory Committee for Prosthetics & Special Disabilities, the input from these groups rarely if ever affect the policy being developed (e.g. Clothing Allowance policy is still exclusive and punitive for those veterans who seek a second clothing allowance; power chairs are still not considered a factor in damaged clothing despite the consensus of the workgroup that argued otherwise, etc.).

Existing prosthetics policies have not been properly followed in many locations, particularly in the area of customized wheelchair choice and backup wheelchair provisions. Some prosthetics offices allow for loose interpretations of policy that make it more difficult to get the mobility device that s/he chose and was supported by physician/therapist prescription. Documented cases of injury due to the issuance of ill-fitted mobility devices and the lack of a viable backup in the

event a veteran's primary mode of mobility becomes damaged have not been thoroughly addressed by VHA leadership.

PVA supports H.R. 1058, the "VA Provider Equity Act," bill to clarify the role of podiatrists in the Department of Veterans Affairs. Podiatrists at VA are currently classified among optometrists and other allied health professionals, rather than among physicians and dentists. The VA pay scale incorrectly differentiates podiatrists from other physician providers. The resulting salary discrepancies are significant and create further challenges for VA in the recruitment and retention of podiatrists. With an aging population of veterans, the demand for podiatrists is growing. Parity in pay among other physicians will allow VA to better resource the health care system to meet the needs of veterans. This legislation provides the VA with tools needed to address current and future demand. In order to transform the culture and timeliness of care, Congress must enable VA to quickly hire a competent workforce with competitive compensation that ensures VA is a first-choice employer among providers.

Thank you for the opportunity to present our views on these issues.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2017

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$275,000.

Fiscal Year 2016

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$200,000.

Fiscal Year 2015

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$425,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations, which in some cases are U.S. subsidiaries of non-U.S. companies.